

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.		FEC IDENTIFICATION NUMBER ▼ C C00825851	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 701 S HOWARD AVE STE 106-848		Amount 508801.04	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.5276
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 03 / 2024
Name of Federal Candidate HALEY, NIKKI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		638410.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 701 S HOWARD AVE STE 106-848		Amount 82203.96	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.5277
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 03 / 2024
Name of Federal Candidate CHRISTIE, CHRIS, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		720613.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	591005.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , ,
Signature

Date

MM / DD / YYYY
01 / 06 / 2024

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.		FEC IDENTIFICATION NUMBER ▼ C C00825851
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2024
Mailing Address 701 S HOWARD AVE STE 106-848		Amount 41101.98
City TAMPA	State FL	Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE	Category/ Type	Transaction ID : SE.5278 Date of Disbursement or Obligation MM / DD / YYYY 01 / 03 / 2024
Name of Federal Candidate TRUMP, DONALD J., , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 761715.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41101.98
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	632106.98

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
01 / 06 / 2024